

Kansas Department on Aging 2011 Annual Report



January 2012

Dear Kansan;

The Kansas Department on Aging (KDOA) faced a number of challenges this year due to State budgetary constraints. A decline in funding required thoughtful decisions about our programs and the staff administering those programs. As we looked for efficiencies and maintained our commitment to no waiting lists for the Home and Community Based Services- Frail Elderly waiver, the difficult decision was made to reduce program spending and staff positions. Governor Brownback offered an early retirement option for eligible state employees, which also reduced staff at KDOA.

Over the next several months, KDOA will incur yet further changes. Upon legislative approval of Executive Reorganization Order number 41, Social and Rehabilitation Services, Kansas Health and Environment and Kansas Department on Aging will undergo re-organization resulting in a change of name and role for KDOA. We will assume the responsibilities for all Medicaid waiver programs, mental health, substance abuse, the five State-owned hospitals and institutions and Health Occupations Credentialing. With these acquisitions, a name change is necessary to properly identify the responsibilities of the Agency. After July 1, 2012 we will turn into the Kansas Department on Aging and Disabilities Services (KDADS).

At the forefront of our minds through the dialogue and impending transition were Kansas' most vulnerable. I am confident we are up to the new task that awaits us this year. With the ongoing collaboration of current stakeholders, developing relationships with new partners and the enduring dedication of agency staff, we remain diligent in our mission to fostering an environment which promotes security, dignity and independence, while providing the right care, at the right time, in a place called home, to all those we serve.

Sincerely,

Shawn Sullivan
Secretary
Kansas Department on Aging



About the Kansas Department on Aging

Agency Mission:

Foster an environment which; promotes security, dignity, and independence, while providing the right care, at the right time, in a place called home.

Agency Vision:

KDOA envisions a community that empowers Kansas seniors to make choices about their lives.

Agency Goals:

The goals of the Department are:

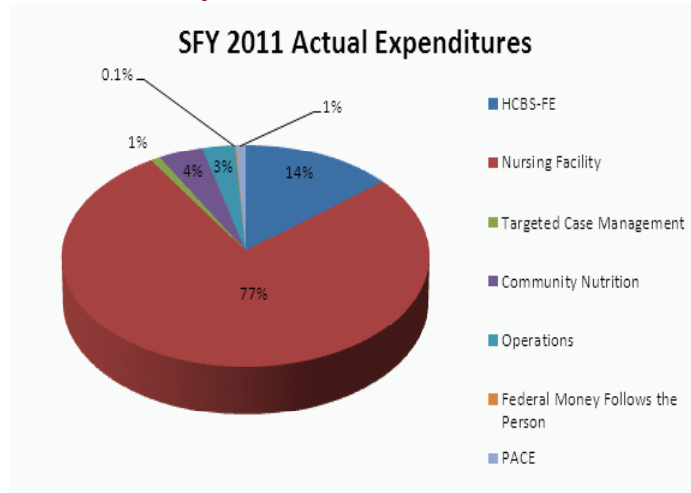
- **Health Promotion:** Help Kansas seniors achieve healthier, more active lives through prevention and intervention.
- **Array of Choices in Services:** Make an array of high quality community services and supports available to Kansas seniors and other individuals.
- **Nursing Home Culture Change:** Enhance Kansans' expectations toward person-directed options in the community and adult care settings.

The Kansas Department on Aging remains dedicated to those goals while addressing the financial challenges experienced by all State agencies during State Fiscal Year 2010. This has involved making difficult budget decisions.

The agency appreciates the support and collaboration of KDOA's stakeholders and constituents in helping achieve its goals and accomplishments in these difficult times. The numbers, charts and graphs in the following pages tell the nuts-and-bolts story of how that has been done.

Expenditures and Funding Sources

SFY 2011 Actual Expenditures



Nursing Facility	\$422
Home and Community-Based Services for Frail Elderly (HCBS-FE)	\$76.6
Federal Money Follows the Person	\$0.6
Program for All-inclusive Care for the Elderly (PACE)	\$4.9
Targeted Case Management (TCM)	\$4.9
Community Nutrition	\$22.5
<ul style="list-style-type: none"> Congregate Meals Home-Delivered Meals Older Americans Act (OAA) Senior Care Act (SCA) Other Community Programs 	
Operations	\$16.6
<ul style="list-style-type: none"> Licensure, Certification and Evaluation (LCE) Client Assessment, Referral and Evaluation (CARE) SHICK and ADRC Administration 	
TOTAL	\$481.9

(Totals in millions)

Sources of Funding

Following are the Kansas Department on Aging's major program groups and sources of funding.

Medicaid and ARRA Medicaid – from Centers for Medicare and Medicaid Services

- Nursing homes
- Program of All-inclusive Care for the Elderly (PACE)
- Client Assessment, Referral and Evaluation (CARE)
- Home and Community-Based Services for the Frail Elderly (HCBS-FE)
- Targeted Case Management (TCM)

Older Americans Act (OAA) programs – grants from Administration on Aging

- III-B Access, In-home and Community Services – 5% state match, 10% local match
- III-D Disease Prevention and Health Promotion
- III-E National Family Caregiver Support Program – 25% state and/or local match
- VII Allotments for Vulnerable Elder Rights Protection Activities

Older Americans Act (OAA) Nutrition Programs

- III-C Nutrition and ARRA OAA Nutrition – grant from Administration on Aging
- Nutrition Services Incentive Program (NSIP)
- State Match (5%) and local cash and/or in-kind match (10%)
- U.S. Department of Agriculture – Commodities
- Participant contribution and non-match local cash

- Nutrition Check Off

State Funded Programs

- Senior Care Act (SCA) – includes Social Services Block Grant funds through a sub grant from the Kansas Department of Social and Rehabilitation Services
- Participant fees

Other

- Senior Health Insurance Counseling for Kansas (SHICK) – Centers for Medicare and Medicaid Services (CMS)
- Senior Medicare Patrol (SMP) – Administration on Aging grant
- Chronic Disease Self-Management Program Grant – Administration on Aging
- MIPPA CMS/AoA ACA Outreach & Assistance
- Aging and Disability Resource Center – Grant from the Administration on Aging and Centers for Medicare and Medicaid Services, with 5% matching state funds
- Seniors Together Enjoy Physical Success (STEPS) – Grant from the Sunflower Foundation: Health Care for Kansans
- Hospital Discharge Planning Model with Aging and Disability Resource Center expansion – Centers for Medicare and Medicaid Services, with 5% local cash match
- Money Follows the Person Rebalancing Demonstration – Sub grant for Department of Social and Rehabilitation Services for the Frail Elderly component of a Centers for Medicare and Medicaid Services grant, with 20% state match

Programs and Grants

Senior Care Act

Purpose:

The Senior Care Act provides a coordinated system of in-home services for people age 60 or older who face difficulties in self-care and independent living to prevent inappropriate or premature institutionalization of persons who have not yet exhausted their financial resources. According to SFY 2011's Quality Assurance Review of sampled customers, nearly 100 percent of customers reported they would recommend the Senior Care Act program to a friend or relative.

Funding:

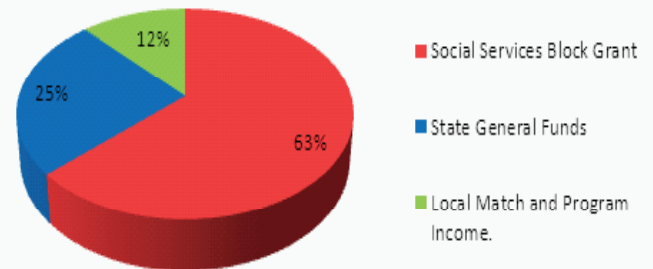
Although this program is funded through Federal and State General Funds, it also includes local funding and customer co-payments. Each customer is charged a fee taken from a sliding scale based on the customer's family size, monthly income and liquid assets. Depending on those factors, the fee can be anywhere from a small donation to 100% of the cost of the services. State General Funds along with the federal Social Services Block Grant provided \$6,278,165. With additional local match and customer fees, the total amount of Senior Care Act expenditures in SFY 2011 was \$7,122,506.

Number of persons who received Senior Care Act services during SFY 2011:

There were 4,998 seniors statewide who received one or more services during the SFY 2011. Approximately 2,496 seniors received one or more services on average per month. The chart below shows the most common types of services and number of customers served during SFY 2011.

Service	SFY 2011
Case Management – Senior	3,839
Assessment	3,566
Homemaker	2,519
Attendant Care	1,012

Senior Care Act Expenditures - SFY 2011



Home and Community-Based Services for the Frail Elderly (HCBS-FE)

Purpose:

The Home and Community-Based Services for the Frail Elderly program provides Medicaid eligible customers with the opportunity to receive cost-effective community-based services as an alternative to nursing facility care.

Persons served:

An average of 5,823 seniors a month received services, such as adult day care, sleep cycle support, installation and rental of personal emergency response equipment, wellness monitoring, attendant care services levels I and II, comprehensive support, assistive technology, nursing evaluation visit, medication reminder, and oral health services.

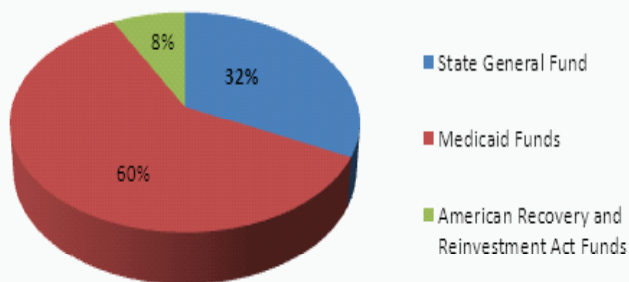
Service providers:

Through SFY 2011, the average monthly number of HCBS-FE providers decreased to 344 unduplicated active providers per month from 378.

Funding:

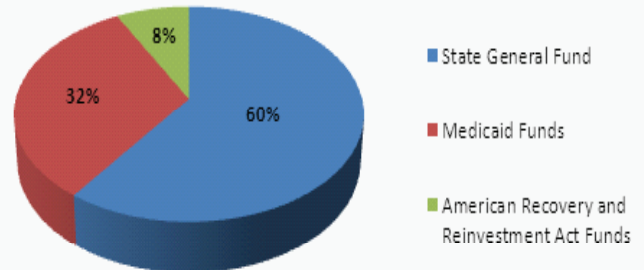
In SFY 2011, \$76,650,412 was expended for services. The average cost per customer for HCBS-FE services was \$1,097 per month. Of this total amount for services, approximately 60 percent was federally funded by Medicaid funds, eight percent was funded with funds from the American Recovery and Reinvestment Act, and 32 percent was state funded.

HCBS/FE Expenditures - SFY 2011



approximately 2.2 hours of service delivery per customer per month. The total cost of TCM services was \$4,775,262. These services are broken down with an approximate match of 60 percent federal Medicaid funds and 32 percent state funds with eight percent of the funds coming from the American Recovery and Reinvestment Act.

TCM Expenditures - SFY 2011



Client Assessment, Referral and Evaluation Program (CARE)

Purpose:

The Client Assessment, Referral and Evaluation program provides an assessment to identify customer preferences on long-term care service options to determine appropriate placement in long-term care facilities and collects data regarding individuals being assessed for possible nursing facility placement. The CARE program complies with Federal Preadmission Screening and Resident Reviews (PASRR) laws, evaluates needs for community services, provides information and education regarding long term care choices, and diverts more than 20% of long term care residents to community living. On average, a monthly savings of \$2,367 is realized for each individual using HCBS FE services and able to return to the community after a nursing facility stay.

Persons served:

A total of 13,437 Level I assessments were completed for individuals; 96 individuals received more than one assessment due to a significant change in their physical and/or mental health condition. A total of 451 Level II assessments were completed. Of those, 368 were for persons with mental illness, and 83

Targeted Case Management

Purpose:

Targeted Case Management (TCM) provides long-term case management to Medicaid eligible frail elders who are seeking assistance to remain in their homes or community. TCM services include assessment, developing and updating plans of care, resource development, assisting the customer in acquiring needed services, ensuring that public and private resources are being used efficiently. The service is funded as a Medicaid State Plan Service expense rather than an expense to the Home and Community-Based Services-Frail Elderly waiver.

Persons Served:

In SFY 2011, TCM served a monthly average of 4,237 customers.

Funding:

In SFY 2011, the average cost per customer per month for TCM was \$94, which breaks down to

with mental retardation/developmental disability. Follow-up contact is made 30 days after the CARE assessment. In SFY 2011, at the 30-day follow-up, 3,058 individuals (22.91%) had been diverted from nursing home care.

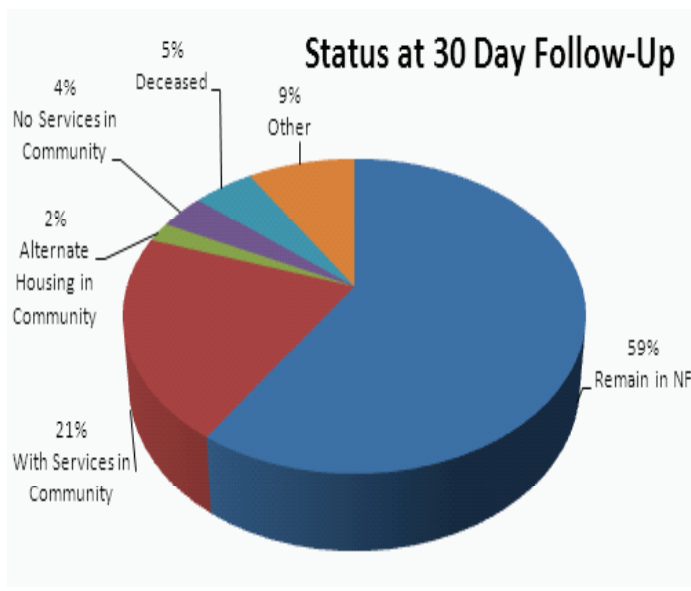
Diversification emphasis:

The CARE program had a diversion rate at 30 days for SFY 11 of 22.91%, compared to SFY 10 of 20.36%. This achievement means that in Kansas one out of five persons is diverted away from a nursing facility.

Funding:

In SFY 2011, the cost for Level I assessments was \$1,430,788. The cost for Level II assessments was 159,064.

During SFY 2011, the average monthly Medicaid payment for a resident in a nursing facility was \$3,464. During the same time, the average monthly Medicaid payment for a person served by the Home and Community-Based Services-Frail Elderly (HCBS-FE) waiver program was \$1,097.



State Money Follows the Person

Purpose:

The Money Follows the Person Project allows funds for persons living in nursing homes to be transferred to the Home and Community Based Services-Frail Elderly (HCBS-FE) waiver program upon relocation to the community. Qualifications for this program require a 90-day continuous stay in a nursing facility.

Persons served:

39 people were moved from nursing homes to the HCBS-FE waiver program.

Funding:

The state general funds were transferred from the nursing home budget (KDOA) to the HCBS-Frail Elderly waiver budget (KDOA) twice a year. The total state general fund transfer in SFY 2011 was \$452,674 for the Frail Elderly Waiver.

Money Follows the Person Federal Demonstration Grant

Purpose:

The Money Follows the Person Demonstration Grant allows for funds for persons living in nursing homes to transition to the community with HCBS services for the frail elderly. This program allows for additional funds to help with the cost of transitions. In May, qualifications for this program changed. It now requires three months of continuous stay in the nursing facility instead of six months.

Persons served:

81 were people moved from the nursing home to the HCBS-Frail Elderly waiver.

Funding:

The state general funds were transferred from the nursing home budget (KDOA) to the HCBS-Frail Elderly waiver budget (KDOA) twice a year. The total state general fund transfer in SFY 2010 was \$584,222. These funds are to be used to sustain or develop new initiatives for the programs.

Community Transition Opportunity:

KDOA has received a grant from the Centers for Medicare and Medicaid Services (CMS) to develop an online web-based referral process for nursing facilities to use when a resident has expressed an interest in returning to the community upon completion of the MDS assessment. This referral process allows the Local Contact Agencies (Area Agencies on Aging and Centers for Independent Living) to make face-to-face contact with the

resident to explore community options and talk about transitions. The project went live on October 1, 2010. To date, there have been 1,521 referrals made to the Local Contact Agencies which has led to many successful transitions.

Senior Health Insurance Counseling for Kansas (SHICK)

Purpose:

More than 477 Senior Health Insurance Counseling for Kansas volunteers, working through 14 regional Sponsoring Organizations across the state, help Kansans understand their Medicare benefits. SHICK counselors provide information and assistance with Medicare claims and appeals, Medicare Prescription Drug Coverage (Part D), Medicare supplemental insurance (Medigap) policies, programs that help pay Medicare premiums and deductibles, and long term care financing and options. SHICK counselors also help eligible consumers access the assistance programs offered by pharmaceutical companies to reduce medication costs.

Number of persons served during Grant FY 2011:

SHICK services are available to all Kansas Medicare beneficiaries at no cost to the customer. The SHICK program provided counseling services to 31,548 Kansans and reached 1,337,227 people through media and outreach events in the 2011 grant year.

Funding:

SHICK is funded by a grant from the Centers for Medicare care and Medicaid Services (CMS). CMS provided a State health insurance Assistance Program (SHIP) basic grant of \$518,365 for the 2011 grant year.

SMP

Purpose:

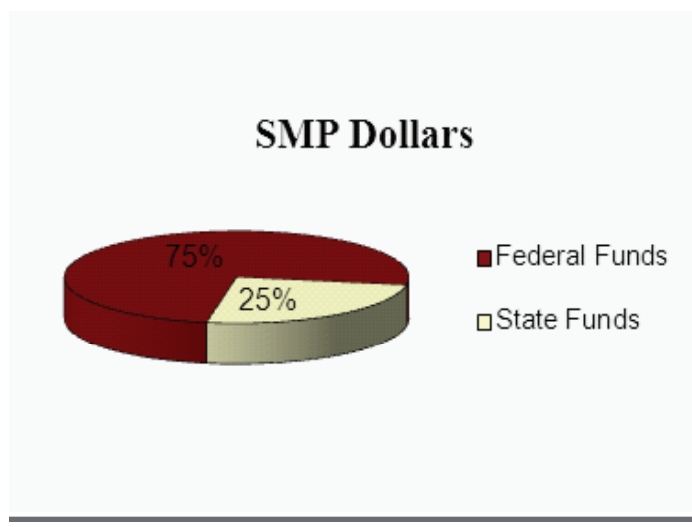
The Kansas SMP program (formerly Senior Medicare Patrol) educates Medicare and Medicaid beneficiaries and providers on how to recognize and report health care error, fraud and abuse. Kansas SMP collaborates with community-based organizations across the state to recruit and train volunteer educators.

Persons served:

SMP has more than 110 trained volunteers across the state. In grant year 2011, staff and volunteers provided education about health care fraud and abuse to nearly 3,400 people through community education events. Kansas SMP also helped process 114 fraud inquiries.

Funding:

Kansas SMP is funded by a grant from the Administration on Aging (AoA), with 95%% federal funds being matched with 5% state funds. In grant FY 2011, AoA provided \$172,138 and the state provided \$10,680 – In-Kind match.



Program of All-inclusive Care for the Elderly (PACE)

Purpose:

The Program of All-inclusive Care for the Elderly (PACE) is a managed care program that combines traditional health care coverage with coverage for long term care services. The provider accepts a capitated payment rate in the form of a monthly premium to provide all Medicaid/Medicare long term care and medical services. This includes in-home services that might otherwise be accessed through the HCBS waiver program, as well as nursing home services. The capitated rates are paid by KDOA, the Kansas Health Policy Authority (KHPA) and the federal Centers for Medicare and Medicaid Services (CMS). The rates are based on the historical

costs of traditional Medicaid programs incurred by beneficiaries residing in the PACE organization's service area. By federal regulation the state must negotiate a rate that is at least 5% less than the adjusted historical average Medicaid costs. The state benefits from this guaranteed savings factor and the predetermined all-inclusive payment rate. Although the provider accepts full responsibility for the beneficiaries' medical and long term care needs, they also benefit from their oversight of the full health care network and the ability to better project revenues. The beneficiaries benefit from a seamless health care network that focuses on keeping individuals healthy and independent.

Persons served:

Kansas has PACE projects operated by Via Christi Health Systems in Wichita and Midland Care Connection in Topeka. An average of 280 participants per month were enrolled in PACE during SFY 2011. The average cost per customer per month was \$1,473.

Funding:

The total PACE expenditures for KDOA were \$4,950,196 (approximately \$1.6 million in state general funds). The budget is approximately 68% federally funded and 32% state funded, with the ARRA enhanced funding.

Aging and Disability Resource Center (ADRC)

Purpose:

The Aging and Disability Resource Center (ADRC) grants create streamlined access to program information, application processes and eligibility determination for all aging and disability services. In Kansas, the ADRC project is collaborating with the Social and Rehabilitation Services Real Choice Systems Transformation project as well as other projects that are focused on improving access to community services.

Progress:

The Kansas Aging and Disability Resource

Connection has pilot sites in Wichita (Central Plains Area Agency on Aging and Independent Living Resource Center) and in Hays (Northwest Kansas Area Agency on Aging, Living Independently in Northwest Kansas, and Southeast Kansas Independent Living Resource Center). Staff members from the pilot site agencies are working with staff from KDOA, KHPA and SRS as well as community organizations, service providers and consumers to develop tools that will improve access to services. Work teams are developing a searchable online database of available resources; a referral and assessment process that will speed up referrals between partner agencies; and a web-based interface that will help streamline the Medicaid application process.

Funding:

ADRC is funded by a grant from the Centers for Medicare and Medicaid Services (CMS). CMS provides 95%, and the state provides 5%. In the 2010 grant year, CMS provided \$170,472; and the state provided \$8,973 in-kind contribution from project partners.

Prevention of Elder Abuse, Neglect and Exploitation (PEANE) Special Project Grants

Purpose:

The Special Project Grants, awarded to a variety of agencies and organizations, are designed to provide either education or training for the prevention or awareness of elder abuse, neglect, exploitation; or financial abuse of the elderly. The grant period is September 1, 2011 through August 31, 2012. Awards were provided to the following agencies:

- Central Plains Area Agency on Aging
- Mental Health Association of South Central Kansas
- Butler County Department on Aging
- Kansas Advocates for Better Care
- Four County Mental Health Center
- Kansas Area Agencies on Aging Association
- Kansas Coalition Against Sexual & Domestic Violence
- Foundation for Aging & Care for Elders of Kansas

- Reno County Health Department

Persons served:

Participants include individuals, caregivers and professionals in the fields of social work, health care, law enforcement and local government services.

Funding:

Title VII FFY 2011 state award was \$45,843.

Older Americans Act - Title III-E Family Caregiver Support Program

Purpose:

The Family Caregiver Support Program provides a multifaceted system of support services to assist caregivers in the areas of health and finance, and in making decisions and solving problems related to their caregiving roles. Each Area Agency on Aging determines which services are needed within its planning and service area. Services may include: assistance, information, respite, counseling, support groups, training (in an individual or group setting), and supplemental service (attendant/personal care, bathroom items, chore, flex service, homemaker, transportation, and repair/maintenance/renovation). No fees are charged to the caregiver for services.

Persons served:

- An individual who is an informal provider of in-home and/or community care to an older individual or an adult caring for an individual with Alzheimer's.
- A grandparent or relative age 55 or older who provides care for a child younger than age 19 and meets all of the following conditions;
 - Lives with the child
 - Acts as the child's primary caregiver because the parents are unable or unwilling to care for the child.
 - Has a legal relationship (legal custody or guardianship) or is raising the child informally.
- A grandparent or relative age 55 or older who provides care for an adult age 19 to 59 who has a disability

Funding:

Estimated expenditures for Federal Fiscal Year (FFY) 2011 as of December 15, 2011, were estimated at \$1,187,066.

Program results from FFY 2011:

FFY 2011 III-E Caregiver Services

Service	Persons Served	Units	Total Expenditure^
Respite Care	308	19,332	\$257,783
Access Assistance	5,129	12,017	\$251,367
Information Services	428,185	3,028	\$282,969
Supplemental Services	453	83,160	\$344,368
Counseling/Support Groups/Caregiver Training	224	891	\$50,579

FFY 2011 III-E Grandparent Services

Service	Persons Served	Units	Total Expenditure^
Supplemental Services	28	4,050	\$3,902

^Total Expenditure includes funding from all resources, including OAA, program income, match, in-kind and mill levy.

Alzheimers Disease Innovation - 'Dementia Crisis Bridge Project'

Purpose:

The Dementia Crisis Bridge Project assists individuals with Alzheimer's and their caregivers with information, resources and tools about the disease. It will provide crisis support to individuals and families, will serve as a resource to health professionals, offer dementia training to mental health centers and provide a model for dementia integration at the state level.

KDOA partners for this project include: Alzheimer's Association, Heart of American Chapter; Area Agencies on Aging; and the University of Kansas Center for Research Institute.

Funding:

This project is funded through a \$285,031 grant from the U.S. Administration on Aging. This is an 18-month project that will run from September 30, 2009, through March 31, 2011.

Persons served:

The service area includes four Area Agencies on Aging that cover 18 counties in the eastern part

of the state: Jayhawk AAA in Topeka, Northeast Kansas AAA in Hiawatha, Southeast Kansas AAA in Chanute, and Wyandotte-Leavenworth AAA in Kansas City.

Service	Units of Service	Persons Served
Respite	211	99

Persons with Dementia	Total	Age			
		60	60-74	75-84	85+
Female	23		5	9	9
Male	15	1	3	6	5

Caregivers	Total	Age			
		60	60-74	75-84	85+
Female	25	12	5	5	3
Male	11	6	2	2	1

Seniors Together Enjoy Physical Success (STEPS)

Purpose:

The Seniors Together Enjoy Physical Success program provides fitness classes addressing unique physical needs of seniors age 60 and over. Instructors are nationally certified and trained in fitness for seniors. STEPS is a component of the Governor's Healthy Kansas Initiative. Participants are assessed before they begin classes and throughout to evaluate overall strength and balance.

Persons served:

Communities that hold classes are Cottonwood Falls, Dodge City, Garden City (two classes), Great Bend (two classes), Haysville, Oberlin, Arkansas City, Osawatomie, Satanta and Topeka (two locations).

Funding:

This project began in 2006 and is serving many seniors in 10 Kansas communities. Sunflower Foundation: Health Care for Kansans funded this program in the amount of **\$150,000**.

Older Americans Act - Title III-B Legal Services

Purpose:

The Legal Assistance Program provides access to the system of justice by offering advice and representation by an attorney who acts as an advocate to ensure older individuals have:

- Access to essential services and/or financial resources.
- Assistance in understanding their rights and exercising choices.
- Protection of their rights to be autonomous and retain dignity.

Services were provided in the following priority areas of law: protective services, income, public benefits, health care, housing/real estate, consumer/financial, individual rights. Also community education programs are given on specific legal topics. Outreach interventions are made to identify or target potential customers to encourage their use of legal assistance services.

Funding:

Older Americans Act III-B with a minimum Area Agency on Aging proportion of 5%.

Persons served:

The chart below shows some of the most common services and number of customers served during Federal Fiscal Year 2011.

Service	Persons Served
Priority areas of law with advice or representation	2,415
Greatest social or economic needs	982
Frail/disabled or homebound	340

Older Americans Act - Title III-B Access, Community and In-Home Services

Title III-B of the Older Americans Act (OAA) provides for Access, Community and In-Home Services.

Access Services provide seniors with community services, such as Information and Assistance (receiving current information from KDOA and AAAs regarding opportunities and services), Case Management (determining types and amounts of services needed), Legal Services (provides seniors access to the system of justice by offering advice and representation by an attorney) and Transportation (assisting an individual to get to a location where services are provided).

In-Home Services help seniors remain in their homes and communities and include attendant care services, homemaker services, respite care and adult day care.

Community Services are designed for seniors with the ability to travel to the point of service and encourage seniors to remain active members of the community. Services are provided either directly by the AAA or under contract or grant by other agencies.

The charts below show program results for some of the most commonly utilized OAA III-B services are provided either directly by the AAA or under contract or grant by other agencies.

FFY 2011 III-B Access Services		
Service	Persons Served	Total Expenditure^
Information & Assistance	70,239	\$ 903,380
Transportation	820	\$ 203,434
Case Management	708	\$ 146,524
Assessment (Abbrev & Full)	638	\$ 49,189
Outreach	4,096	\$ 47,089

FFY 2011 III-B Community Services		
Service	Persons Served	Total Expenditure^
Legal Assistance	2,241	\$ 351,879
Newsletter	229,103	\$ 237,449
Repairs/Maint/Renovations	196	\$ 83,678
Education/Training	25,539	\$ 38,401
Recreation	329	\$ 19,058

FFY 2011 III-B In-Home Services		
Service	Persons Served	Total Expenditure^
Homemaker	503	\$ 646,573
Attendant Care	232	\$ 226,377
Respite	100	\$ 52,633

Funding:

Expenditures reported for Federal Fiscal Year (FFY) 2011 as of December 15, 2011, were estimated at \$3,510,662. This includes OAA, program income, match, in-kind and mil levy.

Older Americans Act - Title III-C Nutrition Program

Meals are provided to eligible participants on a contribution basis in a congregate setting (Title III-C(1)), or within a homebound individual's place of residence (Title III-C(2)).

Persons served:

There were 25,448 congregate customers (69%) provided with 1,490,981 meals and 11,600 home delivery customers (31%) provided with 1,725,201 meals in FFY 2011.

Demographics of those served:

Characteristics of persons receiving meals are shown in the following table:

Characteristics	Congregate	Home Delivered
Male	38%	33%
Female	62%	67%
Lives alone	41%	54%
Aged 60 and under	6%	1%
Aged 61 to 74	39%	29%
Aged 75 to 84	37%	36%
Aged 85 or older	18%	34%

Funding:

\$18,415,004 from all sources was spent to provide meals to seniors in FFY 2011.

Older Americans Act - Title III-D Disease Prevention and Health Promotion Services

Title III-D of the Older Americans Act provides Disease Prevention and Health Promotion Services grants to Area Agencies on Aging. These grants support any of the 15 health-related services, such as health risk evaluations, screening, nutrition counseling, health promotion programs, physical fitness and exercise programs, home injury control screening and the educational activities for the prevention of depression.

Funding:

As of December 15, 2011, \$208,870 from all sources was expended for health-related services in Federal Fiscal Year (FFY) 2011.

Number of persons served during FY 2011:

FFY 2011 III-D Disease Prevention and Health Promotion Services		
Service	Persons Served	Total Expenditure [^]
Physical Fitness	568	\$ 62,318
Medication Management Education	5,237	\$ 51,828
Health Promotion Programs	1,924	\$ 34,316
Information on Age-Related Disorders	1,647	\$ 19,800
Screening	949	\$ 18,717

Kansans Optimizing Health Program (HOHP)

In March 2010, KDOA was awarded a \$400,000 American Recovery and Reinvestment Act (ARRA) grant to help older individuals with chronic conditions improve their health and reduce their use of costly medical care. Through this grant project, KDOA will help build the state's infrastructure for Kansans Optimizing Health Program (KOHP) and other self-management and evidence-based programs.

Partners in this collaborative effort include KDOA, the Kansas Department of Health and Environment, the Kansas Health Policy Authority and the state's 11 Area Agencies on Aging. Developed by Stanford University, KOHP is an evidence-based program known nationally as

the Chronic Disease Self-Management Program. The program is designed to help people gain self-confidence in their ability to control their symptoms and how their health problems affect their lives. KOHP helps people who are living with on-going health conditions to become better self-managers.

The KOHP is a six-week workshop conducted for 2½ hours each week in various community settings. Under the grant, the statewide goal is to have at least 500 adults age 60 and older complete this program by March 2012.

Funding:

There was a total of \$66,870 in all funds expended for the program during SFY 2011

Number of persons served during SFY 2011:

	Persons Served
Attendees	467
Completers*	391

*A person is counted as a "completer" after attending four of the six sessions.

Community Program Quality Review

The Quality Review Program is responsible for collecting field data for use in determining compliance with state and federal regulation by the Area Agencies on Aging (AAAs) and other case management entities and service provision through the state general fund, the Older Americans Act and the Home and Community-Based Services-Frail Elderly waiver. On-going reviews are completed on a statewide, statistically significant sample of customers.

Culture Change and Nursing Facilities

Promoting Excellent Alternatives in Kansas (PEAK)

Purpose:

The Promoting Excellent Alternatives in Kansas (PEAK) program promotes and supports culture change in nursing homes as they pursue person-directed care in the areas of resident control, staff empowerment, home environment, and community involvement. The two components of PEAK are recognition and education. KDOA has partnered with Kansas State University's Center on Aging to develop the education component. The resources they developed are available on the KDOA website.

PEAK Awards:

Since 2002, KDOA has recognized homes for their achievements in person-centered care. The 2011 PEAK winners were:

- Arkansas City Presbyterian Manor, Arkansas City
- Medicalodges Gardner, Gardner
- Schowalter Villa, Hesston
- Pleasant View Home, Inman.
- Asbury Park, Newton
- Newton Presbyterian Manor, Newton
- Brookside Retirement Community, Overbrook

Funding:

No funds are budgeted for the PEAK Nursing Home Initiative. The Nursing Facility Civil Monetary Penalty fund was used to provide a small cash gift to the homes recognized.

Long Term Care Division

Purpose:

The Long Term Care Division professional staff, which consists of a registered nurse, a licensed social worker, a registered licensed dietitian, and an environmental specialist, provides technical assistance to consumers; adult care home providers, health care facility surveyors and other stakeholders in the long term health care industry. Technical assistance is provided through individual support, educational presentations, a quarterly newsletter and participation in work groups. Division staff is also responsible for the development of state adult care home regulations and conducting physical environment inspections of adult care homes following construction projects.

2011 Activities:

Staff presented 49 education programs attended by 2,849 individuals. Topics included regulatory updates, care practices, construction requirements, culture change initiatives, and MDS 3.0.

Division staff continued to assist adult care homes transitioning to person-centered care both in practice and in their physical plant. The physical environment regulations for nursing homes to support person-centered environments were revised and became effective January 7, 2011. Staff provided technical assistance for floor plan review of construction and remodeling projects floor plans related to regulatory requirements to 91 adult care home owners/providers/architects. In addition, 57 licensure inspections were conducted.

Through the Workforce Enhancement Grant, monies totaling \$93,685 were awarded to four entities to provide joint education for unlicensed and licensed staff in free standing nursing homes and long term care units of hospitals.

Funding:

In SFY 2011, \$529,513 was budgeted from Medicare, Medicaid, state general funds and fee funds. Expenditures were \$516,846.

Mental Health and Residential Care Facilities Division

Purpose:

The Mental Health and Residential Care Facilities Division evaluates intermediate care facilities, assisted living facilities and other “state licensed only” facilities for state licensure and federal certification. These facilities serve several thousand elderly, physically impaired and intellectually disabled who reside in a variety of institutional and community-based settings.

State licensing:

Of the 9,872 beds in state only licensed facilities, 6,067 are within licensed Assisted Living Facilities, 1,725 are in Residential Health Care Facilities, and 984 are encompassed by state institutions for the mentally ill and developmentally disabled. The remaining 1,096 beds are in community-based facilities including Boarding Care Homes, Homes Plus and Adult Day Care Centers.

Funding:

In SFY 2011, \$990,958 was budgeted from Medicare, Medicaid, Older Americans Act, state general fund and fee funds. Expenditures were \$1,144,449.

Survey and Certification Division

Purpose:

The Survey and Certification Division promotes excellence in the health care and living conditions of more than 18,000 individuals residing in adult care homes through the application of federal and state regulatory standards. Through initial licensure processes and ongoing annual surveys, state surveyors review a variety of aspects of nursing home care. Federal and state regulations assure that residents receive care that meets accepted standards.

Other regulations assure that residents’ rights are protected and they are protected from abuse, neglect and exploitation. In addition, the surveyors examine the physical environment to assure facilities provide safe and sanitary conditions for residents. Fire and safety inspections are provided under contract by the State Fire Marshal.

This division is also responsible for surveyor training and orientation; survey quality improvement efforts; policy and procedure development; survey management; enforcement activities; complaint intake; referral and investigation management. Many of the activities of the Division are performed under contract to the federal Centers for Medicare and Medicaid Services (CMS). During SFY 2011, the Division continued implementation of CMS’ Quality Indicator Survey (QIS) process.

The Division is required to survey all nursing facilities within an overall 12-month average, with no individual facility exceeding 15 months.

Adult Care Home Complaints:

KDOA conducted investigations about adult care homes, including some for abuse, neglect and/or exploitation of residents, generated from 6,645 complaints.

Funding:

In SFY 2011, \$4,754,951 was budgeted for licensure and certification programs, including complaints, from Medicare, Medicaid, state general funds and fee funds. Expenditures were \$4,737,450.

Nursing Facility Audits and Quality Review

Purpose:

The KDOA auditors perform desk reviews and field audits on nursing home cost reports to ensure that reimbursement rates for Medicaid residents are in compliance with state and federal regulations and policies. The auditors perform financial compliance reviews of other programs funded by KDOA as required.

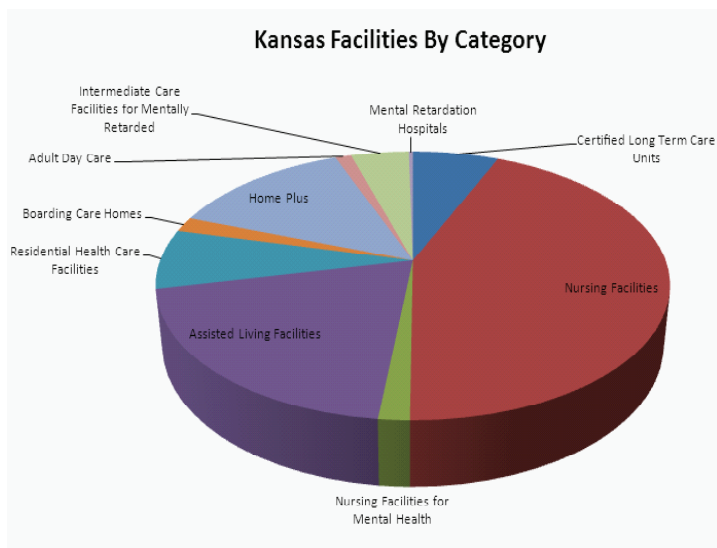
Audits done:

In SFY 2011, 330 Medicaid cost reports were desk reviewed and 14 nursing home field audits were completed. One nursing home chain's desk reviews are still in the appeal process at the Office of Administrative Hearings. Because nursing home rates are determined from a three-year period, field audit work involves reviewing several years of cost data, from three to seven years for each facility audited. Sixty-four (64) facility asset rebase requests were processed.

Savings:

Nursing home cost reports were reduced \$5,280,887.

Kansas Facilities by Category	SFY 2011
Certified Long Term Care Units	43
Nursing Facilities	291
Nursing Facilities for Mental Health	11
Assisted Living Facilities	132
Residential Health Care Facilities	48
Boarding Care Homes	12
Home Plus	90
Adult Day Care	8
Intermediate Care Facilities for Mentally Retarded	29
Mental Retardation Hospitals	2
TOTAL	666



Number of Complaint Intakes By Category	SFY 2011
Long-Term Care Providers	5,134
ICFMR	209
ALF, RHCF, BCH, HP, ADC	1,032
Non-Long Term Care Providers Regulated by KDHE	270
TOTAL	6,645

Nursing Facility Rate-Setting

Purpose:

KDOA is responsible for setting Medicaid rates for nursing homes. At the end of SFY 2011, 317 Medicaid certified nursing homes provided 24-hour skilled nursing care. The Medicaid rates are case mix adjusted based on the acuity level of Medicaid residents.

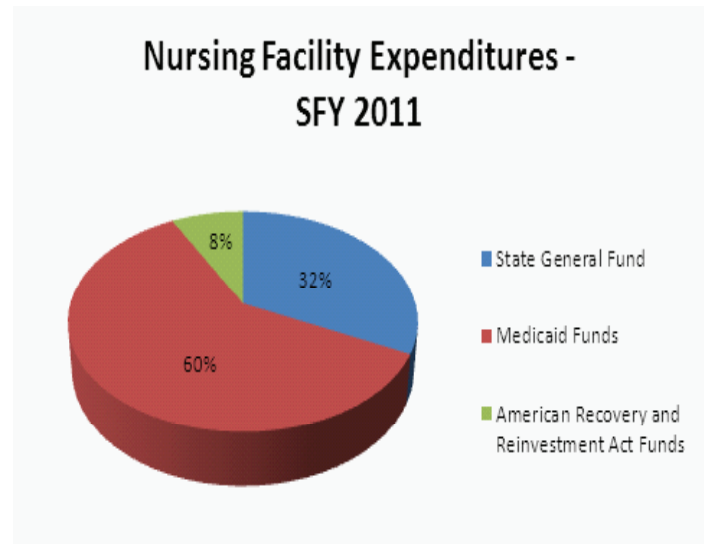
Persons served:

Services were provided to an average of 9,939 Medicaid eligible residents each month during the year.

Funding:

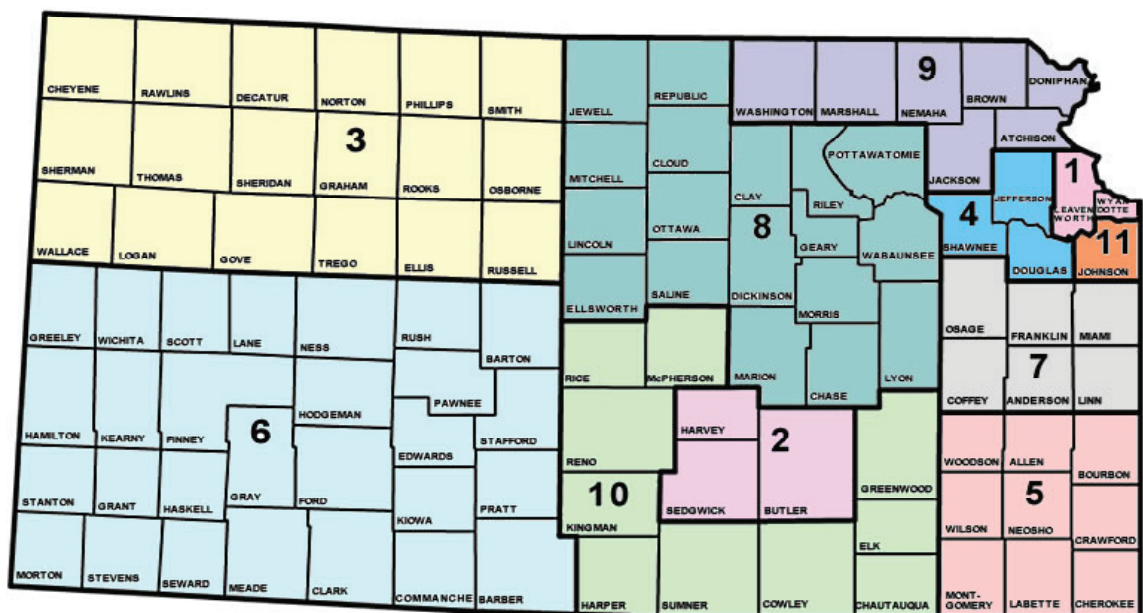
The total nursing home expenditure in SFY 2010 was \$422 million. The budget is typically about 60% federally funded and 40% state funded, but with enhanced funding from the American Recovery and

Reinvestment Act (ARRA), the split for SFY 2011 was about 68% federal and 32% state. Additionally, approximately \$21 million of the state funding was generated through the quality care assessment on nursing facility beds.



	RESIDENT CASE MIX		
CATEGORY	EXAMPLES OF PATIENT CHARACTERISTICS	PERCENT TOTAL RESIDENTS	PERCENT MEDICAID ONLY
Rehabilitation	Rehabilitation therapy received	13.15%	8.66%
Extensive Services	In past 14 days, received intravenous medication, tracheotomy care, required ventilator/respirator, or in past 7 days received intravenous feeding	4.46%	3.13%
Special Care	Multiple sclerosis, cerebral palsy, quadriplegia, or respiratory therapy	8.91%	9.00%
Clinically Complex	Comatose, have burns, septicemia, pneumonia, internal bleeding, dehydration, dialysis, or receive chemotherapy	20.65%	23.89%
Cognitive Impairment	Alzheimer's disease or other types of dementia	11.58%	11.65%
Behavior Problems	Resists care, combative, physically and/or verbally abusive, wandering, or delusional	1.35%	1.91%
Physical Function	Restricted physical functions	39.74%	41.75%

Area Agencies on Aging



The Department on Aging administers many of its programs through grants and contracts of state and federal funds to the 11 Area Agencies on Aging (AAAs) and other providers serving designated geographical areas. For programs not funded by Medicaid, the AAAs may directly provide services or award sub-grants and contracts to other community organizations to provide services. In SFY 2010, the AAAs provided services through the following programs:

- Older Americans Act (OAA);
- Congregate Meals;
- Home Delivered Meals;
- In-Home Services for the Frail Elderly;
- Disease Prevention and Health Promotion;

- Elder Abuse Prevention;
- Targeted Case Management (TCM);
- State-funded Case Management;
- Senior Care Act (SCA);
- Client Assessment, Referral, and Evaluation (CARE) program; and
- Family Caregiver Support Program.

Each AAA serves a Planning and Service Area (PSA), required under the Older Americans Act, and has a director, staff members, and a local advisory board. Employees of the AAA are not state employees but are employed by each AAA's governing body, which can be a governmental entity or nonprofit organization.

Area Agencies on Aging

PSA 01

Wyandotte-Leavenworth AAA

Ruth Jones, director
1300 N. 78th St., Suite 100
Kansas City, KS 66112-1540
913-573-8532 / 1-888-661-1444
Fax: 913-573-8577

PSA 02

Central Plains AAA

Annette Graham, director
2622 W. Central, Suite 500
Wichita KS 67203-3725
316-660-7298 / 1-800-367-7298
Fax: 316-383-7757

PSA 03

Northwest KS AAA

Michelle Morgan, director
510 W. 29th St., Suite B
Hays, KS 67601-3703
785-628-8204 / 1-800-432-7422
Fax: 785-628-6096

PSA 04

Jayhawk AAA

Jocelyn Lyons, director
2910 SW Topeka Blvd.
Topeka, KS 66611
785-235-1367 / 1-800-798-1366
Fax: 785-235-2443

PSA 05

Southeast KS AAA

John Green, director
1 W. Ash
Chanute, KS 66720-1010
620-431-2980 / 1-800-794-2440
Fax: 620-431-2988

PSA 06

Southwest KS AAA

Dave Geist, director
236 San Jose Dr.
Dodge City, KS 67801-1636
620-225-8230 / 1-800-742-9531
Fax: 620-225-8240

PSA 07

East Central KS AAA

Elizabeth Maxwell, director
117 S. Main
Ottawa, KS 66067-2327
785-242-7200 / 1-800-633-5621
Fax: 785-242-7202

PSA 08

North Central Flint Hills AAA

Julie Govert-Walter, director
401 Houston
Manhattan, KS 66502
785-776-9294 / 1-800-432-2703
Fax: 785-776-9479

PSA 09

Northeast KS AAA

Karen Wilson, director
526 Oregon
Hiawatha, KS 66434-2222
785-742-7152 / 1-800-883-2549
Fax: 785-742-7154

PSA 10

South Central KS AAA

Jodi Abington, director
304 S. Summit
Arkansas City, KS 67005
620-442-0268 / 1-800-362-0264
Fax: 316-442-0296

PSA 11

Johnson County AAA

Dan Goodman, director
11811 S. Sunset, Suite 1300
Olathe, KS 66061-7056
913-715-8800 / 1-888-214-4404
Fax: 913-715-8825

Advisory Council on Aging Annual Report

Established by Kansas statute in 1977, the Kansas State Advisory Council on Aging (SAC) is composed of 15 members who represent diverse geographical, social and ethnic groups. By statute, at least half of the membership must be 60 years of age or older. Eleven members are appointed by the Governor; one member each is appointed by the President of the Senate and the minority leader of the Senate from among the members of the Senate; one member each is appointed by the Speaker and by the Minority Leader of the House of Representatives from among the members of the House of Representatives.

Council members were active in representing senior interests in their communities.

The council meets at least twice a year, but can meet more often. Among other duties, the council serves in an advisory capacity to the Governor and the Secretary of Aging and other public and private, state and local agencies affecting aging issues as required by the federal Older Americans Act. It also has the duty to review and comment on Kansas Department on Aging (KDOA) activities. The members review and comment on plans prepared by the Department, consult with the Secretary on the operations of the Department, and advocate for Kansas seniors.

State Advisory Council members during SFY 11:

- Trish Moore, Overland Park, chair
- Rep. Bob Bethell, Alden
- Leo Bracciano, Lawrence
- Rita Griffith, Overland Park
- Sen. David Haley, Wyandotte
- Carlton McNair, Overland Park
- Barbara Hutchinson, Circleville
- Luella “Lu” Janzen, Hillsboro
- Frank Laubhan, Pratt
- John Lehman, Sabetha
- Bill Moriarity, Hays
- Rep. Kathy Wolfe Moore, Kansas City
- Sen. Vicki Schmidt, Topeka
- Ruth Jones, Kansas City
- Ray Huber Wichita

The State Advisory Council on Aging (SAC) met quarterly in SFY 11. Secretary of Aging Shawn Sullivan provided agency updates at each of the meetings.

Silver Haired Legislature

The Silver Haired Legislature is a body of individuals age 60 and older who are elected by their peers to develop bills and resolutions that are of interest to Kansas elders and their families. The Silver Haired Legislature then works with the Kansas Legislature to get its bills and resolutions introduced and passed.

SHL officers are:

President:
Carlton McNair,
Overland Park
Vice President:
Dorothy Zook,
Hesston
Treasurer:
Ken Rundle,
Medicine Lodge
Secretary:
Virginia Graham, Reading
Speaker:
Wendell Turner, Wichita
Speaker Pro Tem:
Jim Snyder, Topeka
Floor Leader:
Clayton Lucas, Everest



combat predatory payday lending practices and to enact similar legislation to regulate or prohibit Income Tax Refund Advance lending practices that adversely affect elderly and other residents of Kansas.

SHL RESOLUTION NO. 2814 - Passed As Introduced

A Resolution urging the Kansas legislature to continue supporting the Kansas Department of Health and Environment's "Kansas Optimizing Health Program."

During a Wednesday evening banquet, the Kansas Silver Haired Legislature presented the "Legislator of the Year" Award to Senator Oletha Faust-Goudeau of Wichita.

Exceptional Service Awards were presented to: Marsha Ridinger, Jayhawk Area Agency on Aging, Topeka; Jodi Abington, South Central Kansas Area Agency on Aging, and Tina Lewis, Kansas Department on Aging.

The following bills and resolutions were approved during the SHL 29th annual session at the Ramada Hotel and Convention Center in Topeka:

SHL BILL NO. 2808 – Passed As Introduced

An Act relating to Insurance; concerning the mandatory reinstatement of certain insurance policies in case of mental incapacity of an insured.

SHL BILL 2810 – Passed As Amended

An Act concerning minor children; grandparent's custody of children.

SHL RESOLUTION 2811 - Passed As Introduced

A Resolution urging the Kansas Legislature to fund an enhancement to provide older adults with dental health services.

SHL RESOLUTION 2812 - Passed As Amended

A Resolution urging the Kansas legislature to help



503 S. Kansas Ave
Topeka, KS 66603
(785) 296-4986
1 (800) 432-3535 (toll-free)
(785) 296-0256 (fax)